

# Behavioral Health and Preparedness: Current Plans and Research Findings in Kansas

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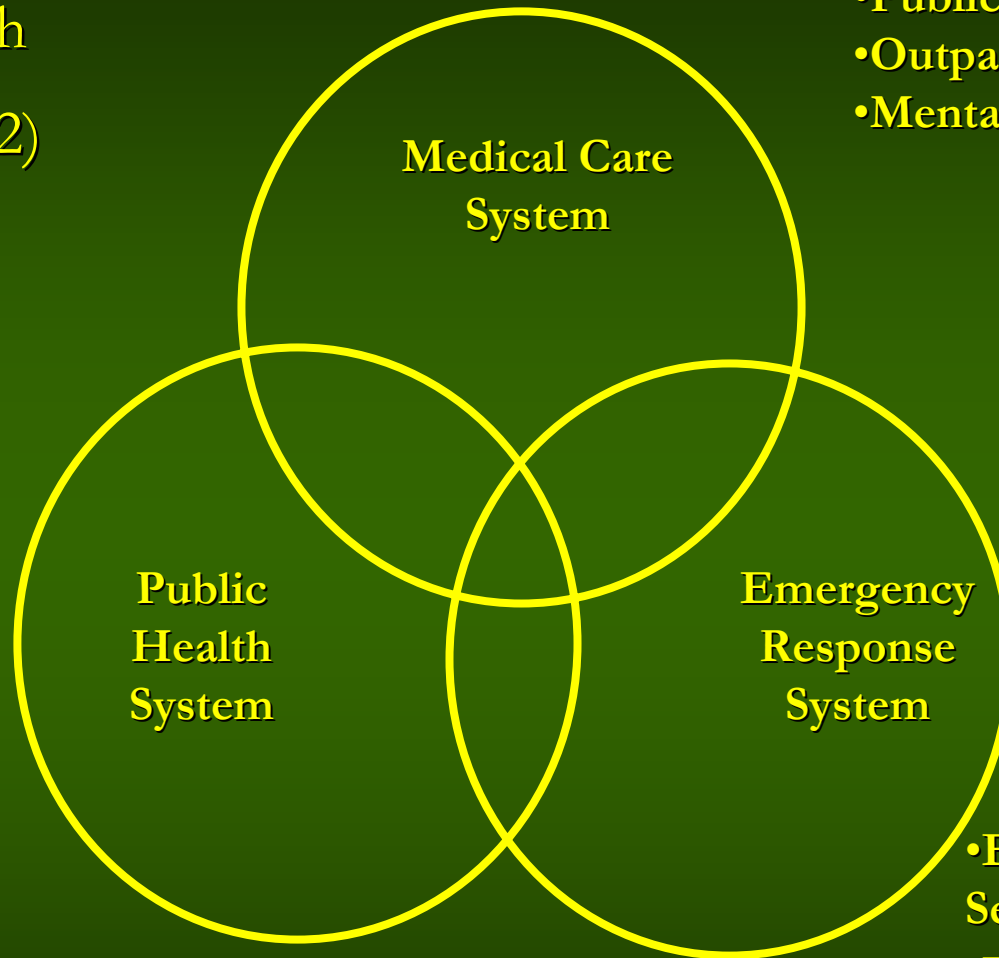
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# Objectives

1. Identify factors that increase the importance of integrating public health and behavioral health responses to community all-hazard events.
2. Identify regional and state-wide activities/networks for all-hazards behavioral health in Kansas.
3. Become familiar with current behavioral health research findings about training needs, BT competencies, and diversity issues in Kansas.

# Systems for Public Health (Ursano, 2002)

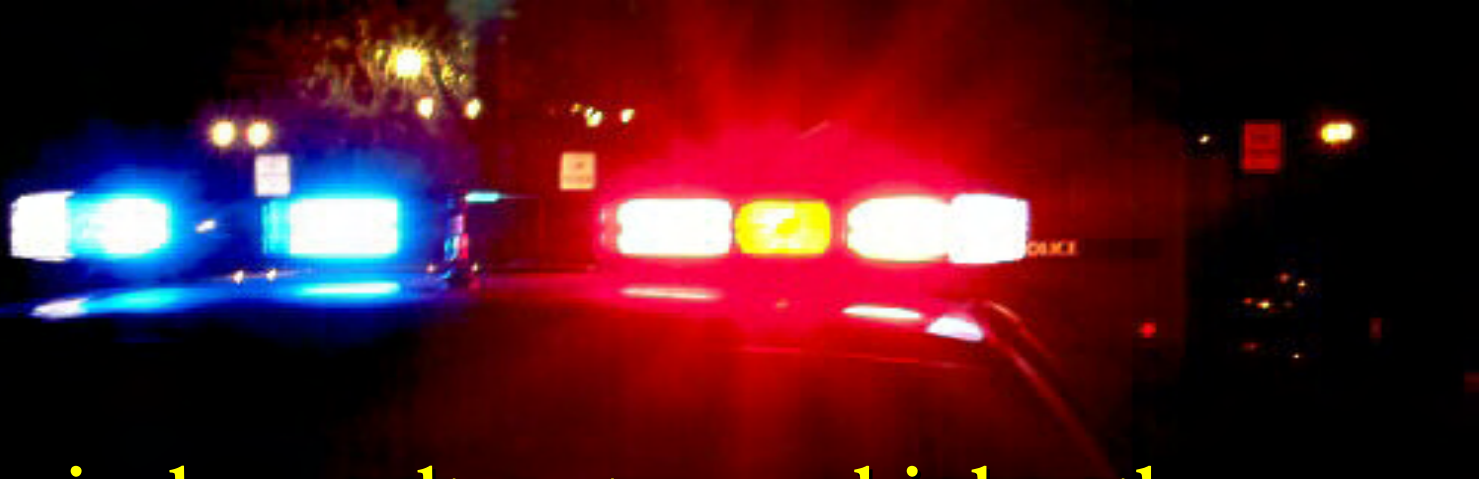


- Public and Private
- Outpatient/Hospital
- Mental Health System

- Protection
- Prevention
- Promotion
- Surveillance

- Emergency Medical Services
- Police/Fire
- Water/Electric
- Communication

# Why Include Mental/Behavioral Health in All-Hazards Plans?



- Psychological casualty rates are higher than physical fatalities following events
- Most disaster plans focus on physical casualties
- Proactive care plan for first responders and care providers

# Threat Effects: Anthrax 2001

- 11 people contracted inhaled form of anthrax
- 5 people died
- 18,000 people screened in Washington D.C. area
- 30,000 prescriptions dispensed for antibiotics

# Biopsychosocial Effects

- Physical Effects

- Fatigue, exhaustion
- Insomnia
- Hyperarousal
- Reduced immune response
- Headaches/body aches

- Cognitive Effects

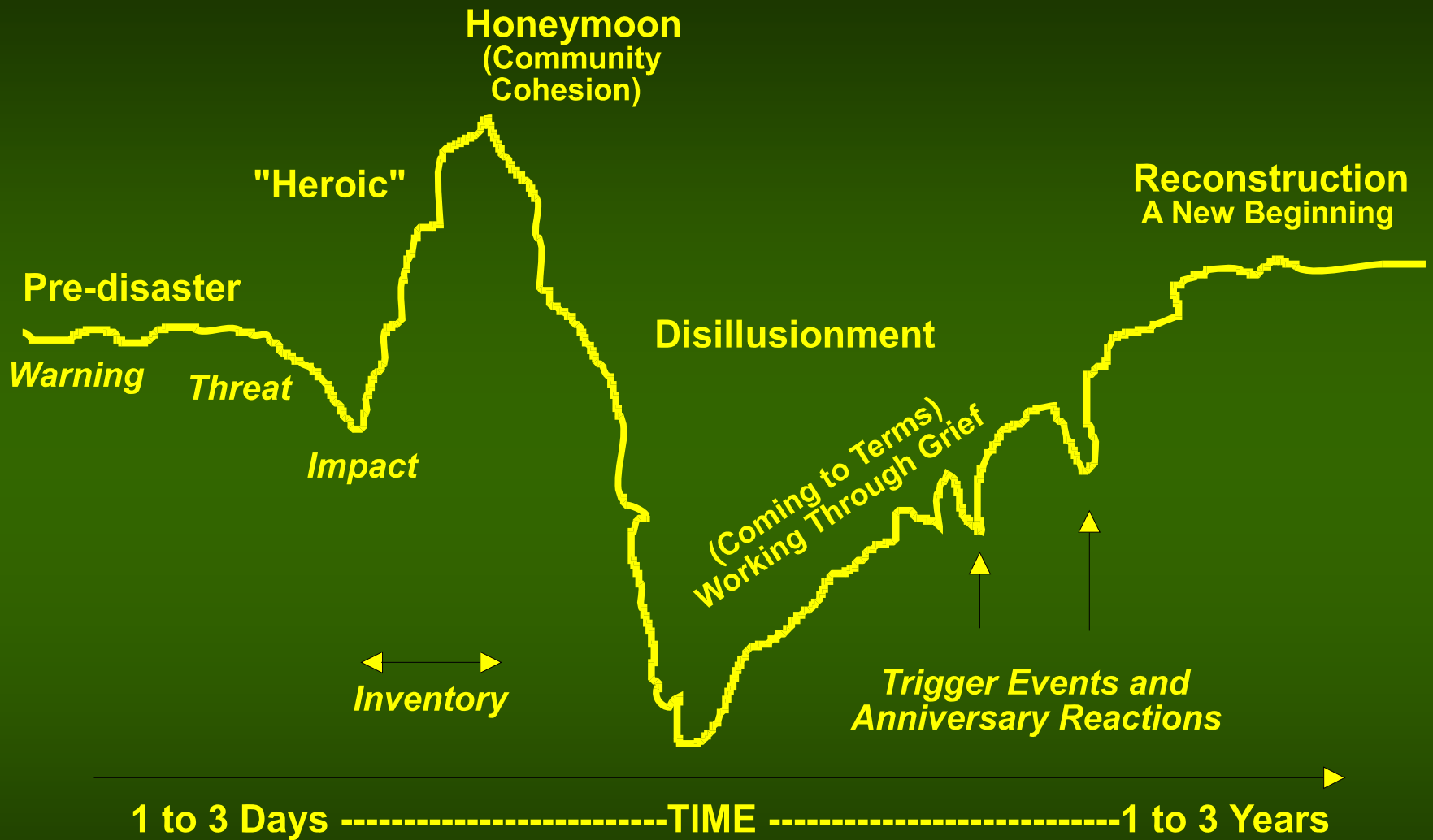
- Problems concentrating
- Memory impairment
- Nightmares
- Worry thoughts
- Negative view of self/future

- Emotional Effects

- Grief
- Helplessness
- Irritability/anger/blame
- Difficulty feeling happy
- Guilt

- Interpersonal Effects

- Increased conflict with others
- Social withdrawal
- Impaired work/school performance
- Distrust of others



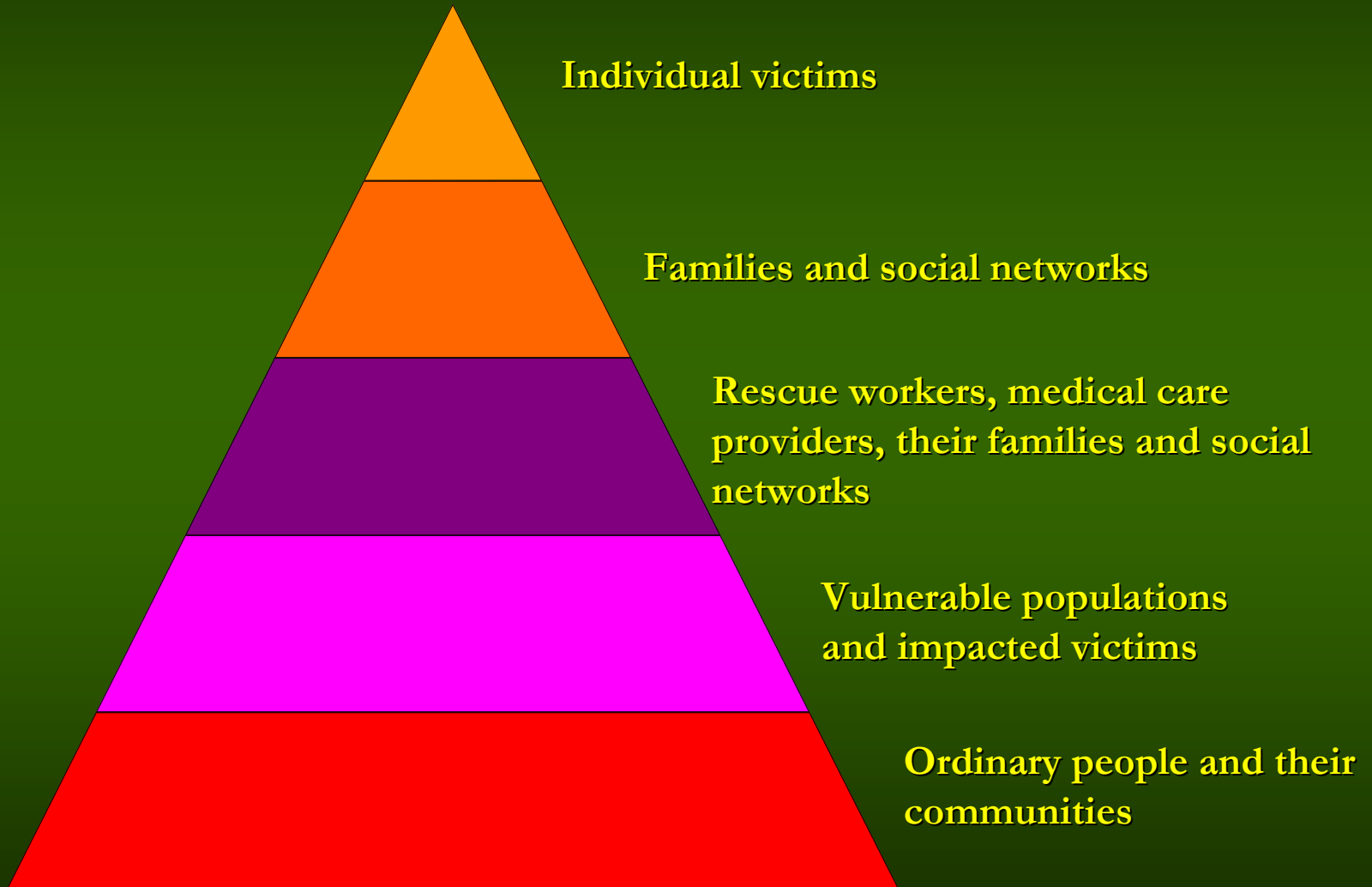
Source: Zunin/Meyers

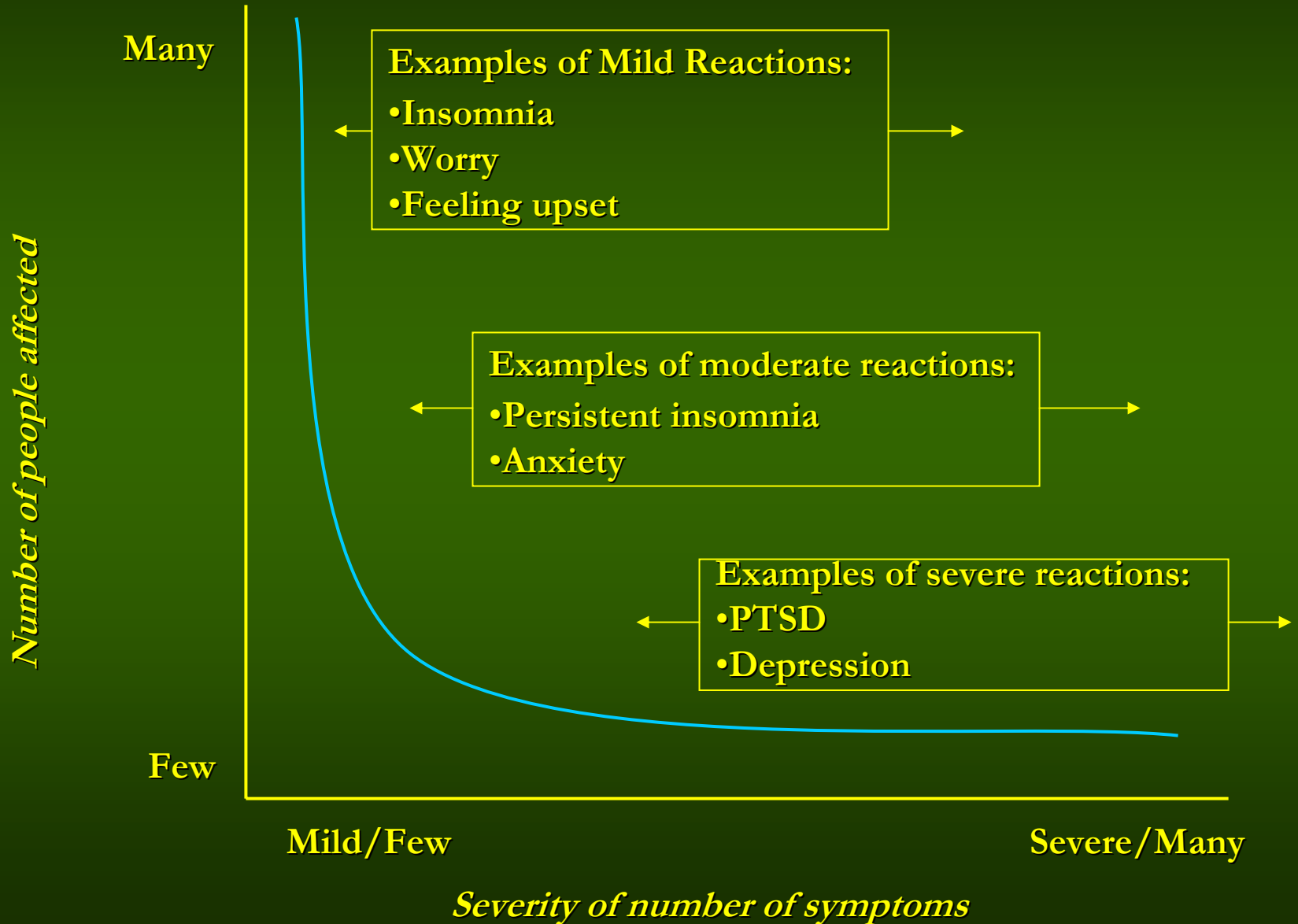
# Time of Recovery

- **Disillusionment**
  - Period of stress when reality hits
  - Time that help begins to recede
  - Helps build acceptance
- **Reconstruction**
  - Process takes months, likely years
  - Other losses are noted as reconstruction creates new, unfamiliar environment
  - Opportunity for growth and self-discovery



# The Impact Pyramid





# Psychological First Aid

## Remember the A B C's

- Arousal: Decrease excitement (provide safety, comfort, consolation)
- Behavior: Assist survivors to function effectively
- Cognition: Provide reality testing and clear information

*Most mental health services after a traumatic event are practical in nature*

# Influenza Pandemic of 1918



# Approximate beginning of the epidemic, 1918



before  
sept. 14

before  
sept. 14

between  
sept. 14 - 21

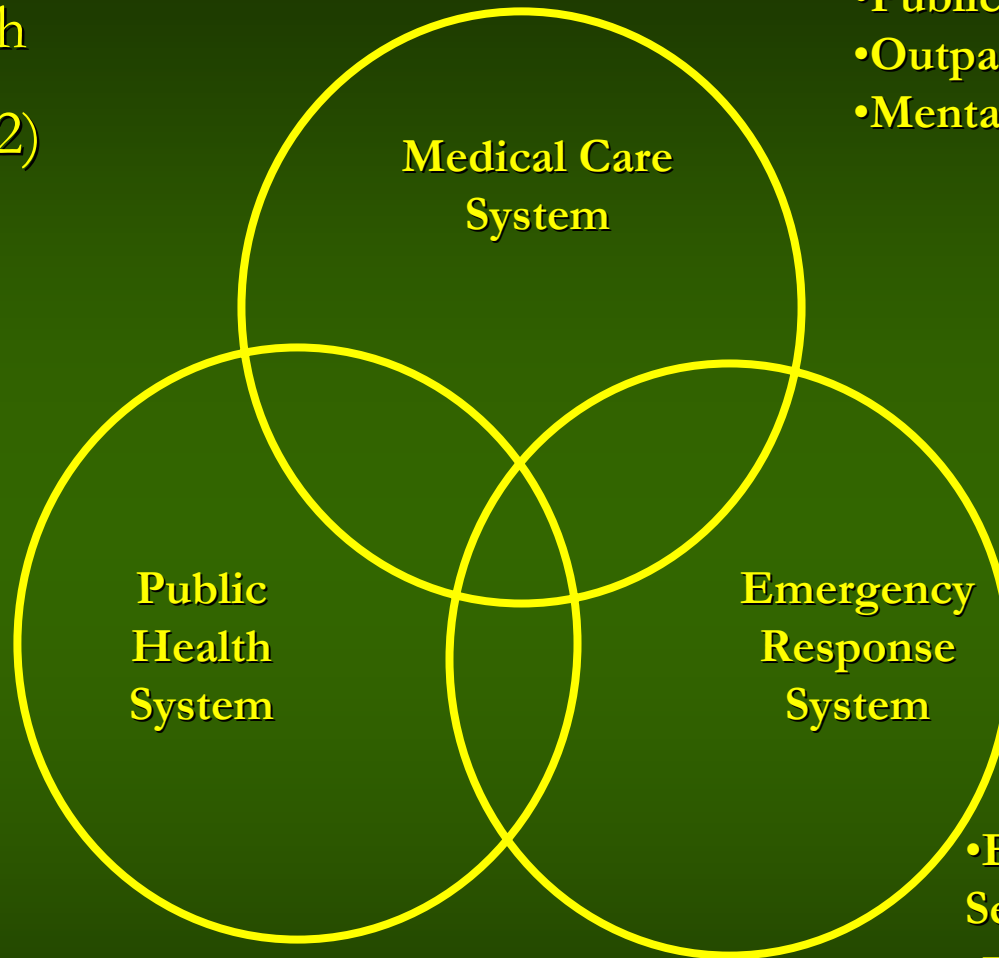
between  
sept. 21 - 28

between  
sept. 28 - oct. 5

after  
oct. 5

Source: *America's Forgotten Pandemic - The Influenza of 1918 - 1989*

# Systems for Public Health (Ursano, 2002)



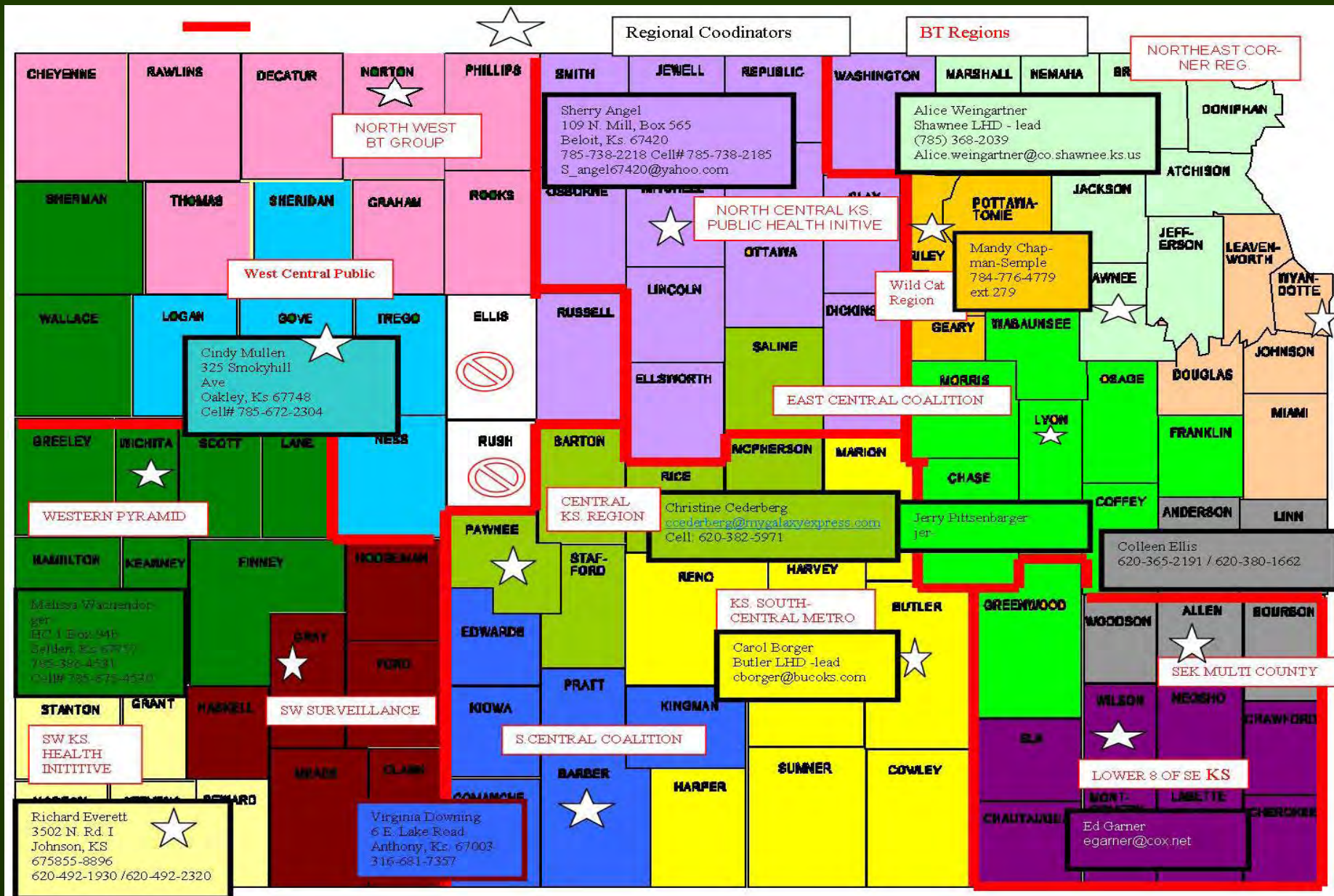
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# 15 BT Regions & 6 Hospital Regions



# 29 CMHC's in Kansas

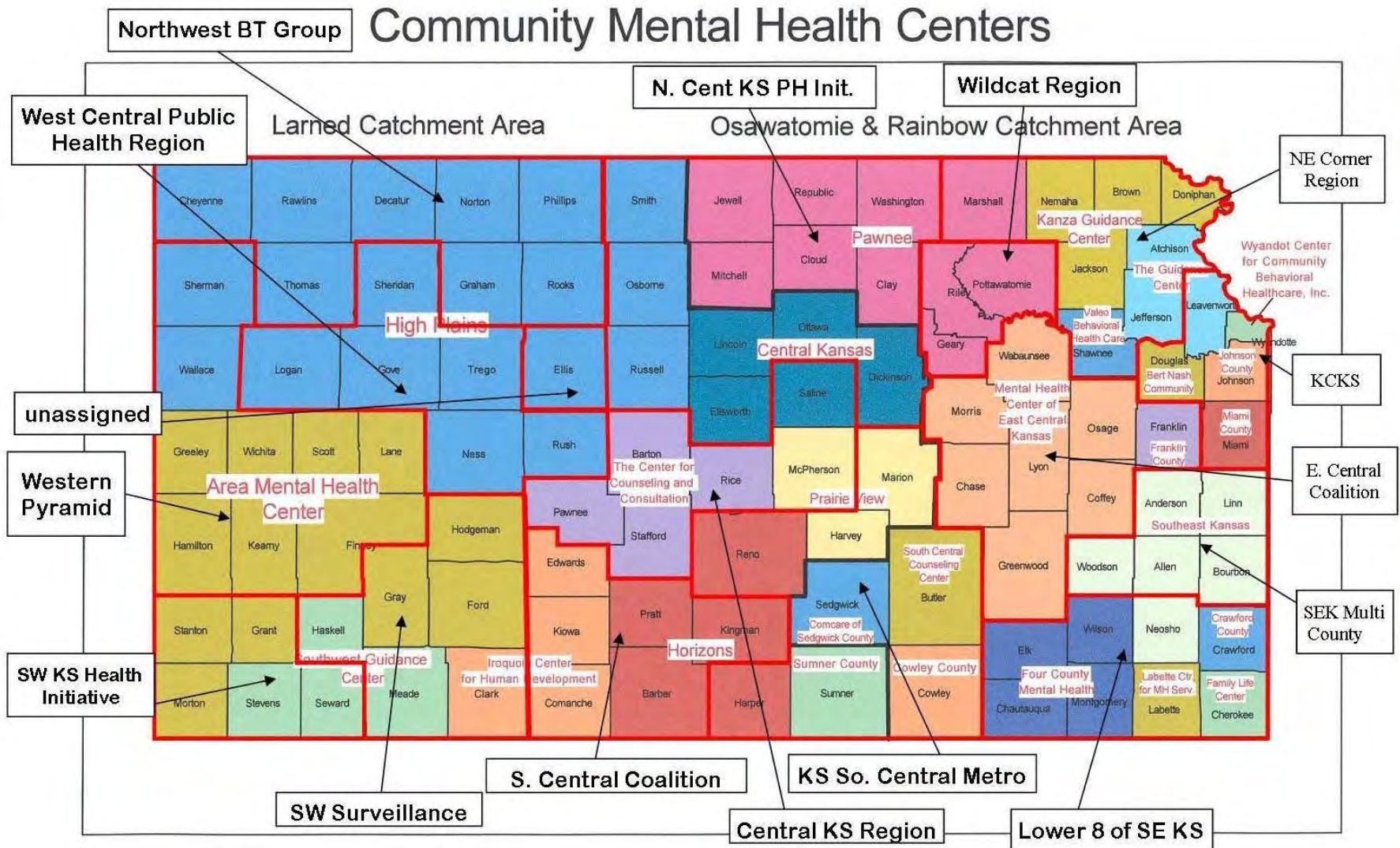
Larned Catchment Area

## Osawatomie & Rainbow Catchment Area

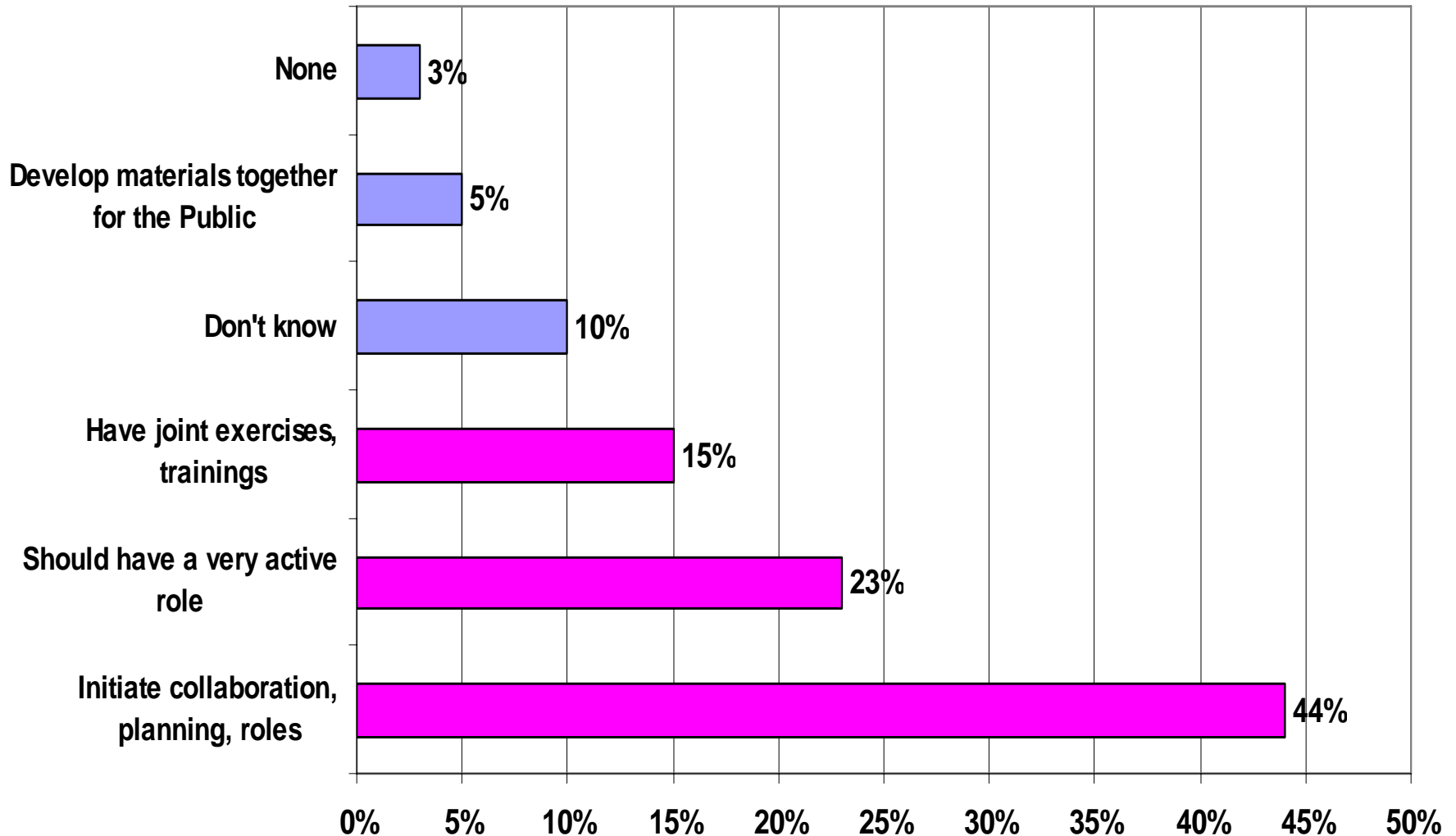




# Discontinuity of CMHC and BT Regional Areas



# WHAT SHOULD BE DONE?



**Kansas All Hazards  
Behavioral Health  
(KAHBH)**

**American  
Red Cross  
(ARC)**

**KANSAS  
MENTAL  
HEALTH  
PREPAREDNESS**

**Emergency System for the  
Advance Registration of  
Volunteer Health  
Professionals (ESAR-VHP)**

**Critical Incident  
Stress Management  
(CISM)**

# American Red Cross (ARC)

- ***Trained Mental Health Professionals***
- ***History of mental health response***
- ***National support activation***
  - Other states' ARC mental health responders
  - Can Activate the APA disaster response volunteers

# CISM

- *Trained in the CISM Model*
- *23 Regional Organizations*
  - *CMHC's*
  - *Interfaith Ministries*
  - *Salvation Army*
  - *KS Highway Patrol*
  - *Topeka Fire Dept*
  - *KUMC*

# ESAR-VHP

- *Lead by KDHE*
- *ESAR-VHP is a standardized, volunteer registration system to assist with both in-state and cross state-line movement of volunteer health professionals to assist with emergencies and disasters.*
- *Licensed Mental Health Professionals in KS*
- *Put on list the BSRB (Planning Stage)*

# KAHBH

- **KAHBH provides State-wide organization and coordination for behavioral health response to disaster and other all-hazards events**
- **Staff**
  - Michael McNulty, Center for Emergency Preparedness, KDHE
  - Dr. Briana S. Nelson Goff, Project Coordinator, K-State
- **15 Stakeholders**
  - (e.g. CMHC directors, American Red Cross, KUMC)
- **12 SRS Field Staff**
- **29 CMHC Crisis Coordinators**

# KAHBH Trainings

## ***Core All-Hazards Behavioral Health (2 days)***

### **COMPLETED:**

**(88 people)**

**Sumner**

**Emporia**

**Riverton**

**Pawnee**

### **SCHEDULED:**

**Garden City**

**Salina**

**Hays**

**Leavenworth**

**Lawrence**

**Hutchinson**

***Goal: 200+ KAHBH Trained Members***




# **Growth Areas for KS**

- 1.Coordination of Different Mental Health Teams**
- 2.Coordination of Mental Health Responders (ISM, NIMS?)**
- 3.Local Level Coordination (Local Mental Health Plans & exercises)**

A photograph of a damaged concrete bridge structure, likely after a disaster. The image shows large concrete pillars and a brick-topped section that are cracked and crumbling. Debris is scattered on the ground in the foreground. A yellow rectangular box is superimposed over the center of the image, containing the title text in bold black font.

# **A study of Stress Response In Kansas Related to Mass Trauma**



**Homeland Security's message is that Kansas counties must plan and train for a disaster as if the county had to rely on its own resources.**



**Before 9/11, mental health was not included disaster planning.**

**Public health planners should identify populations with greatest need for disaster related mental health services.**

**Source: Tainter 2003**

# **TWO CATEGORIES OF DISASTER**

## **TYPE I**

**Short in Duration:**

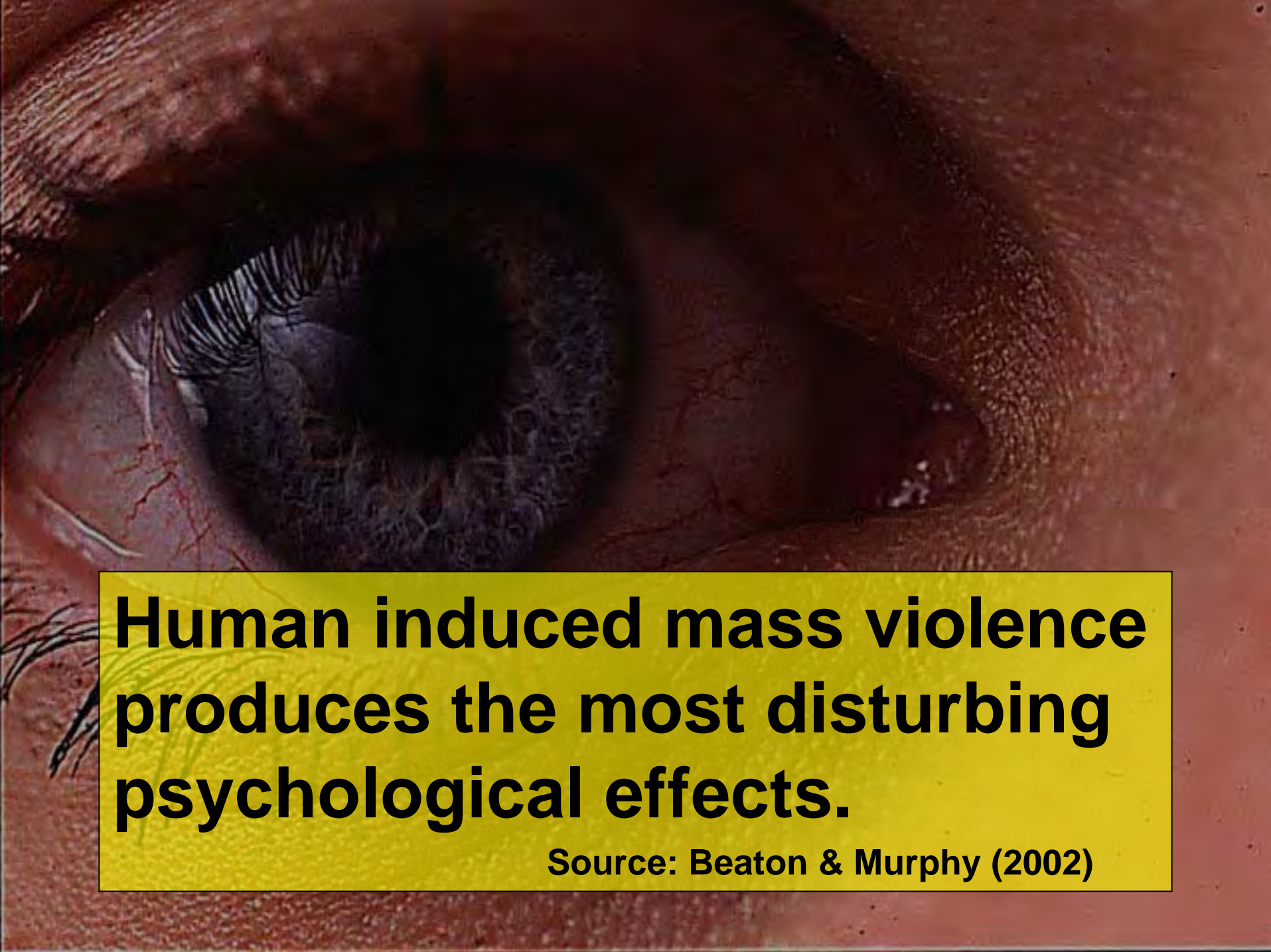
- **Natural Disasters**
- **Accidental Disasters**

## **TYPE II**

**Long in Duration:**

- **Terrorist Campaigns**
- **Wars**

**Source: Terr (1991)**



**Human induced mass violence  
produces the most disturbing  
psychological effects.**

Source: Beaton & Murphy (2002)

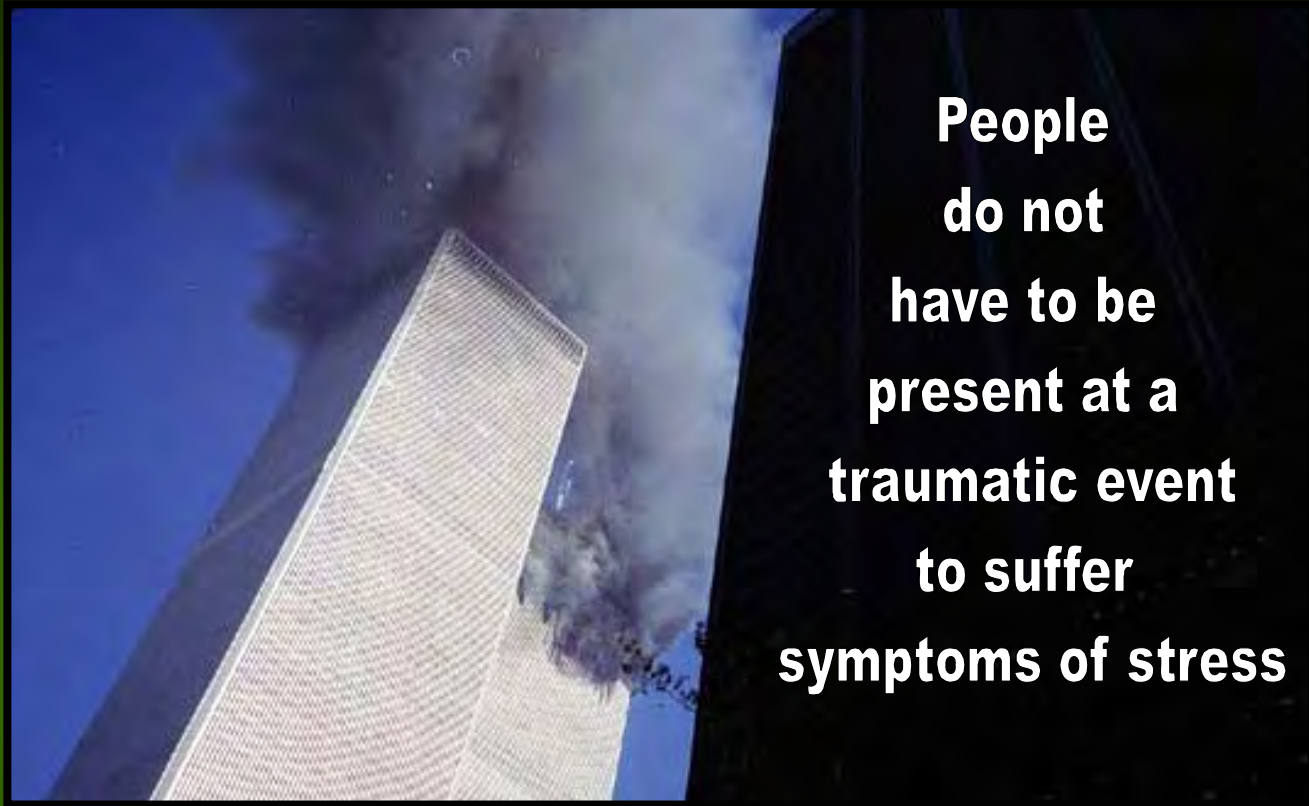


**About 2/3<sup>rd</sup> of individuals exposed to mass trauma report:**

- **hyper-vigilance**
- **decreased concentration**
- **difficulty sleeping**
- **fear**
- **anxiety**
- **anger**
- **depression**
- **domestic violence**

**Source: Hall et al (2003)**



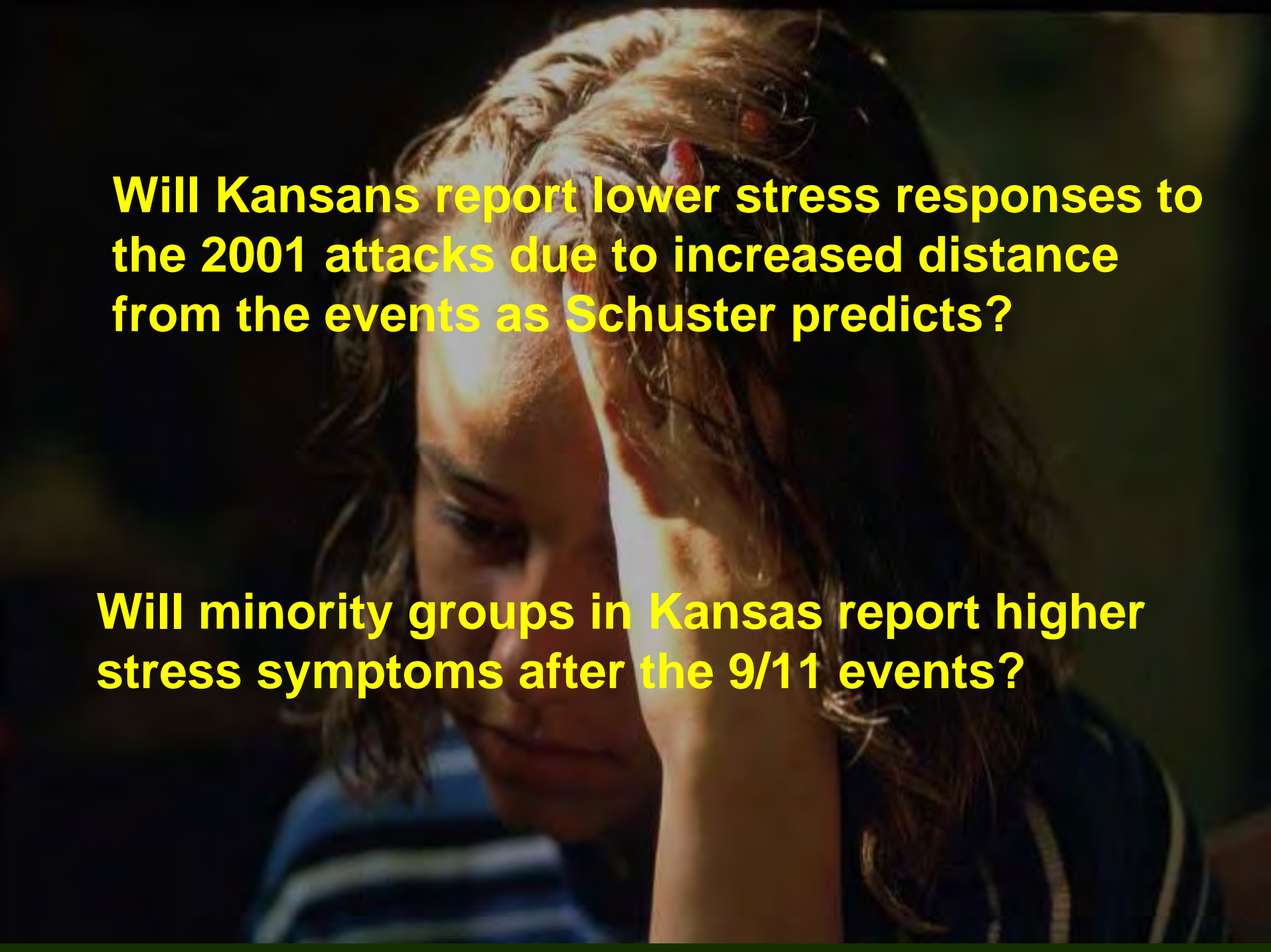


**People  
do not  
have to be  
present at a  
traumatic event  
to suffer  
symptoms of stress**

**Populations located 1,000 miles or more from ground Zero showed significantly lower intensity of stress Response.**

**Source: Schuster et al (2001)**





**Will Kansans report lower stress responses to the 2001 attacks due to increased distance from the events as Schuster predicts?**

**Will minority groups in Kansas report higher stress symptoms after the 9/11 events?**

A low-resolution, pixelated background image showing a group of people sitting on a bench outdoors. The image is dark and blurry, with people in various colors (red, blue, green) visible. The text is overlaid on this background.

**The BRFSS definition of depression is feeling sad for 14 days or more during a 30 day period.**

**Mental depression scores were analyzed for the years 1999-2003.**

## **METHODS**

**Random BRFSS telephone surveys for  
Five year period from 1999-2003**

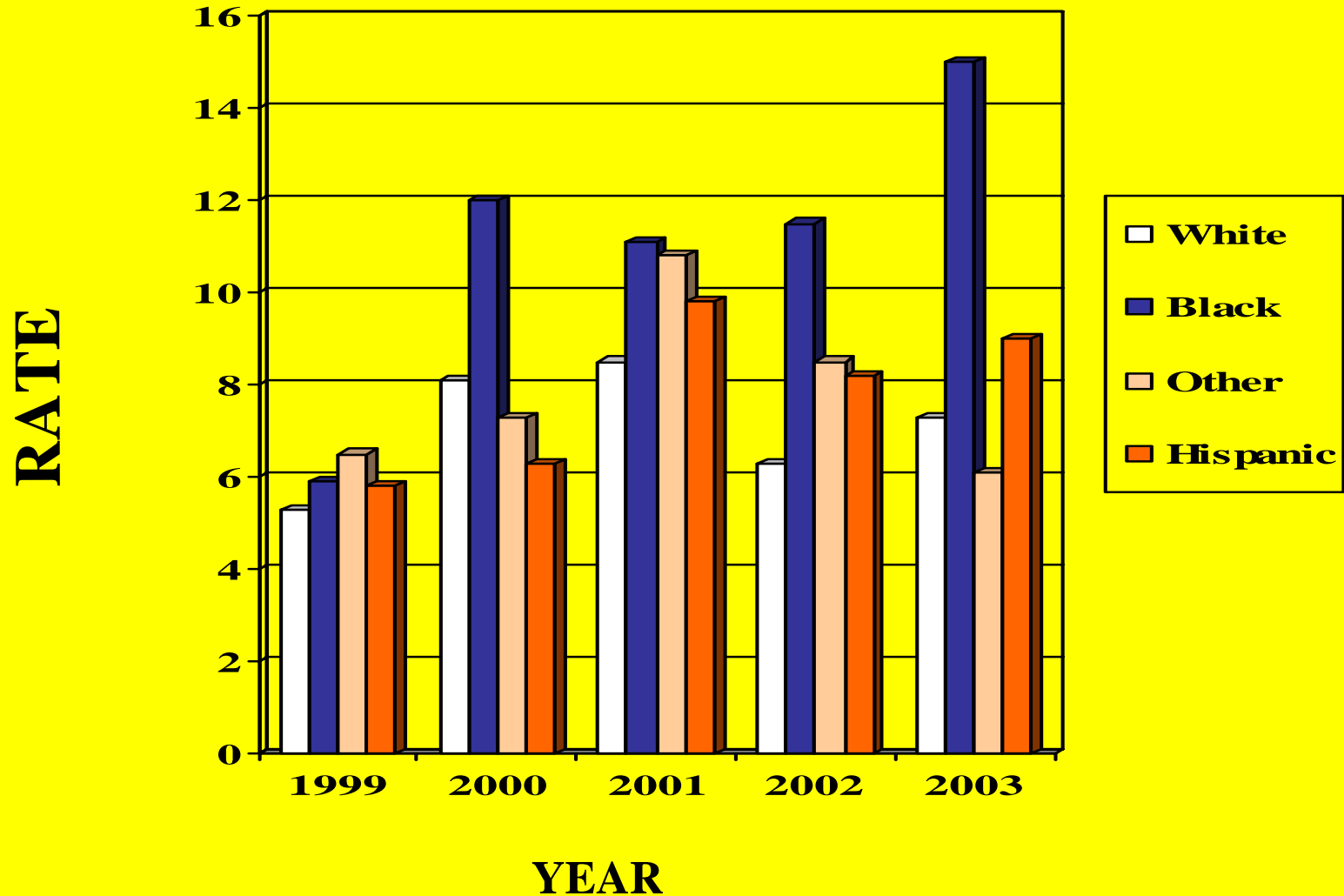
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**Total number of surveys = 1661**

<b>Gender</b>	<b>Number</b>
<b>Females</b>	<b>1171</b>
<b>Males</b>	<b>490</b>

<b>Racial/Ethnic</b>	<b>Number</b>
<b>Whites</b>	<b>1421</b>
<b>Blacks</b>	<b>88</b>
<b>Hispanics</b>	<b>84</b>
<b>Others</b>	<b>68</b>

# Depression Response Rates for Kansans (1999-2003)



# Average Depression Rates for Race/Ethnicity

White	Black	Other	Hispanic
7.1	11.1	7.8	7.8

P-Value = .014\*

## Average Annual Depression Rates (1999-2003)

1999	2000	2001	2002	2003
5.9	8.4	10	8.6	9.4

P-Value = .047\*

- P-value of .05 or greater suggests a chance occurrence
- A p-value of .05 is not a significant finding ( Alpha level .05).



## **IN A DISASTER:**

**The definition of minority is any group with pre-existing conditions that limit access to rescue and recovery to include the elderly, disabled, and indigent.**

**Source: Hawley and Hawley (2005)**

# KAHBH Trainings

- ***Future Specialty Trainings (KS-TRAIN)***
  - Children (under age 18)
  - Frail Elderly
  - Developmentally and physically disabled
  - Severe Mental Illness and People in active Substance Abuse Treatment
  - People in Correctional Institutions
  - College Students in dorms/away from home/Families/individuals relocated
  - People with high traumatic exposure
  - People in poverty and homeless
  - Women/girls in the area
  - Emergency responders involved in rescue/recovery
  - Multicultural issues
  - Farmers/Ranchers/Agricultural Workers/Rural Populations

# **2006 Mental Health Conference**

- ***2006 All-Hazards Behavioral Health Symposium: Preparedness, Response, and Recovery in Kansas***
  - **October 17-18, 2006**
  - **Kansas Highway Patrol Academy in Salina, KS.**
  - **State-wide authorities in mental health disaster response**



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